

Shared Work Compensation Plan Participant List

1. The Shared Work Compensation Plan Participant List is for the Employer Representative to notify the Shared Work Administrative Unit of employees potentially participating in the Shared Work Program.

Policy: This form **must** be included with the Shared Work Compensation Plan Application when applying for the Shared Work Program.

- Shared Work Employer Representatives **must use this form to add employees** to a current Shared Work Plan. **All approved additions will be effective the week in which the request is received.**
- Please make sure the information on this form is legible and correct **before** faxing it to the Shared Work Administrative Unit.

SHARED WORK COMPENSATION PLAN PARTICIPANT LIST							
2. Company Name and Location		3. Employment Security (ES) Tax Reference Number				4. Date	
5. Employee Name	6. Employee Social Security Number (SSN)	7. Salary (S) Hourly (H)	8. Full Time (FT) Part Time (PT)	9. Regular Work Hours	10. Reduced Hours of Work	11. Hire Date	12. Department, Unit, Section or Shift(s)
Example: Doe, John Q	123-45-6789	S	FT	40	32	02/19/92	Clerical